

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	742		12/20/99
<b>O.I.P.E. CLASSIFIER</b>		8	01/03/00
<b>FORMALITY REVIEW</b>		68904	1/12/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

**BEST AVAILABLE COPY**

Claim	Final Original	Date
1	✓	07/06/99
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If more than 150 claims or 10 actions  
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